



NOTIFICATION OF BALANCE DUE



DATE _____ PROPERTY NAME / NUMBER _____
 RESIDENT NAME(S) _____

 UNIT NUMBER _____ STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____

Please be advised that the following amount(s) are outstanding on your account:

CHARGE	AMOUNT	DATE/DESCRIPTION
<input checked="" type="checkbox"/> Rent	\$ SAMPLE	SAMPLE
<input checked="" type="checkbox"/> Late fees	\$ SAMPLE	SAMPLE
<input checked="" type="checkbox"/> NSF fees	\$ SAMPLE	SAMPLE
<input checked="" type="checkbox"/> Noncompliance fees	\$ SAMPLE	SAMPLE
<input checked="" type="checkbox"/> Deposit(s)	\$ SAMPLE	SAMPLE
<input checked="" type="checkbox"/> Resident-caused damages	\$ SAMPLE	SAMPLE
<input checked="" type="checkbox"/> Pet rent	\$ SAMPLE	SAMPLE
<input checked="" type="checkbox"/> Garage	\$ SAMPLE	SAMPLE
<input checked="" type="checkbox"/> Parking	\$ SAMPLE	SAMPLE
<input checked="" type="checkbox"/> Storage	\$ SAMPLE	SAMPLE
<input checked="" type="checkbox"/> SAMPLE	\$ SAMPLE	SAMPLE
<input checked="" type="checkbox"/> SAMPLE	\$ SAMPLE	SAMPLE

TOTAL DUE: \$ SAMPLE	DATE DUE: SAMPLE
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ADDITIONAL INFORMATION:
 SAMPLE

PLEASE NOTE: If full payment is not received by the date listed above, then a termination notice may be issued.

This is a notice of a continuous or ongoing violation of your Rental Agreement. You are required to discontinue the conduct by paying the amounts due. The reoccurrence or failure to cure the conduct by payment may result in termination of your tenancy pursuant to ORS 90.392.

THANK YOU FOR YOUR COOPERATION

OWNER/AGENT SAMPLE _____
 ADDRESS SAMPLE _____
 SAMPLE _____
 TELEPHONE SAMPLE _____